South Australian Abortion Reporting Committee

Annual Report for the Year 2020

August 2022

Government of South Australia

Wellbeing SA

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OFFICIAL

Background

Legislation

Medical termination of pregnancy became legal in South Australia in 1970. The *Criminal Law Consolidation (Medical Termination of Pregnancy) Regulations 2011* require the notification of medical terminations of pregnancy on prescribed forms to the Chief Executive of the Department for Health and Wellbeing, through the attached office of Wellbeing SA. It is from these notifications that the abortion statistics are collated.

Although the law governing termination of pregnancy practice and reporting changed in July 2022 to the *Temination of Pregnancy Act 2021*, the data presented in this report were collected under the *Criminal Law Consolidation (Medical Termination of Pregnancy) Regulations 2011*.

Abortion Reporting Committee

The SA Abortion Reporting Committee examines and reports on all medical terminations of pregnancy notified in South Australia. The Committee has nominees from the South Australian Branches of:

- The National Council of Women
- The Royal Australian College of General Practitioners
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- The Royal Australian and New Zealand College of Psychiatrists, and
- The Australian Association of Social Workers

The terms of reference of the Committee are to ensure completeness and compliance with legislation for notifications of medical terminations of pregnancy in South Australia; to examine and report on the pattern of terminations, and to consider any measures that may need to be taken to improve health services and morbidity relating to terminations of pregnancy, so that appropriate advice may be given to the Chief Executive of the Department for Health and Wellbeing.

Data collection

Notifications are received from doctors who conduct terminations of pregnancy, via the data collection form included in Appendix 1. The notification form is filled out soon after the termination is complete, and therefore only captures complications known at that point in time. To improve the ascertainment of complications that occur after the termination, a data linkage is then conducted with South Australian hospital morbidity data (Integrated South Australian Activity Collection). This linkage identifies any complications that ocurred after the termination was complete, that resulted in a public hospital admission.

Statistics for 2020

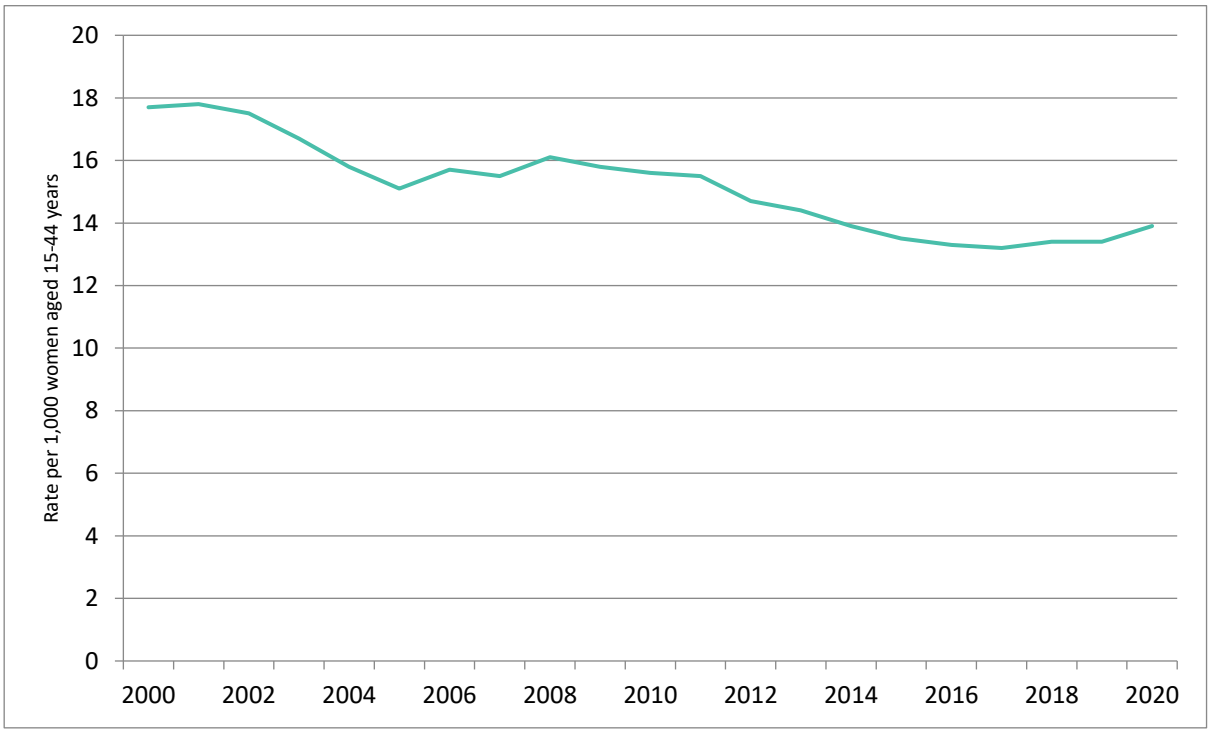
Numbers and rates

There were 4,662 terminations of pregnancy notified in South Australia in 2020, compared with 4,462 in 2019. The termination rate in South Australia has been declining over the past decade and has slightly increased in the most recent year from 13.4 terminations of pregnancyper 1,000 women aged 15-44 years in 2019 to 13.9 in 2020 (Table 1, Figure 1).

Table 1: Number of pregnancy terminations, and rate per 1,000 women aged 15-44 years, South Australia, 2000-2020

Year	Number	Termination rate	Year	Number	Termination rate
2000	5,571	17.7	2011	5,009	15.5
2001	5,575	17.8	2012	4,765	14.7
2002	5,455	17.5	2013	4,683	14.4
2003	5,205	16.7	2014	4,650	13.9
2004	4,926	15.8	2015	4,441	13.5
2005	4,710	15.1	2016	4,348	13.3
2006	4,887	15.7	2017	4,349	13.2
2007	4,883	15.5	2018	4417	13.4
2008	5,099	16.1	2019	4,462	13.4
2009	5,049	15.8	2020	4,662	13.9
2010	5,049	15.6			

Figure 1: Pregnancy termination rate per 1,000 women aged 15-44 years, South Australia, 2000-2020



Age of women

The age distribution of women who had a termination of pregnancy in 2020 is shown in Table 2. Among the five-year age groups, the highest pregnancy termination rate was among women aged 25-29 years (21.3 terminations per 1,000 women). Pregnancy termination rates were slightly lower for teenage women, from 7.3 per 1,000 women in 2019 to 6.6 per 1,000 women aged 15-19 years in 2020.

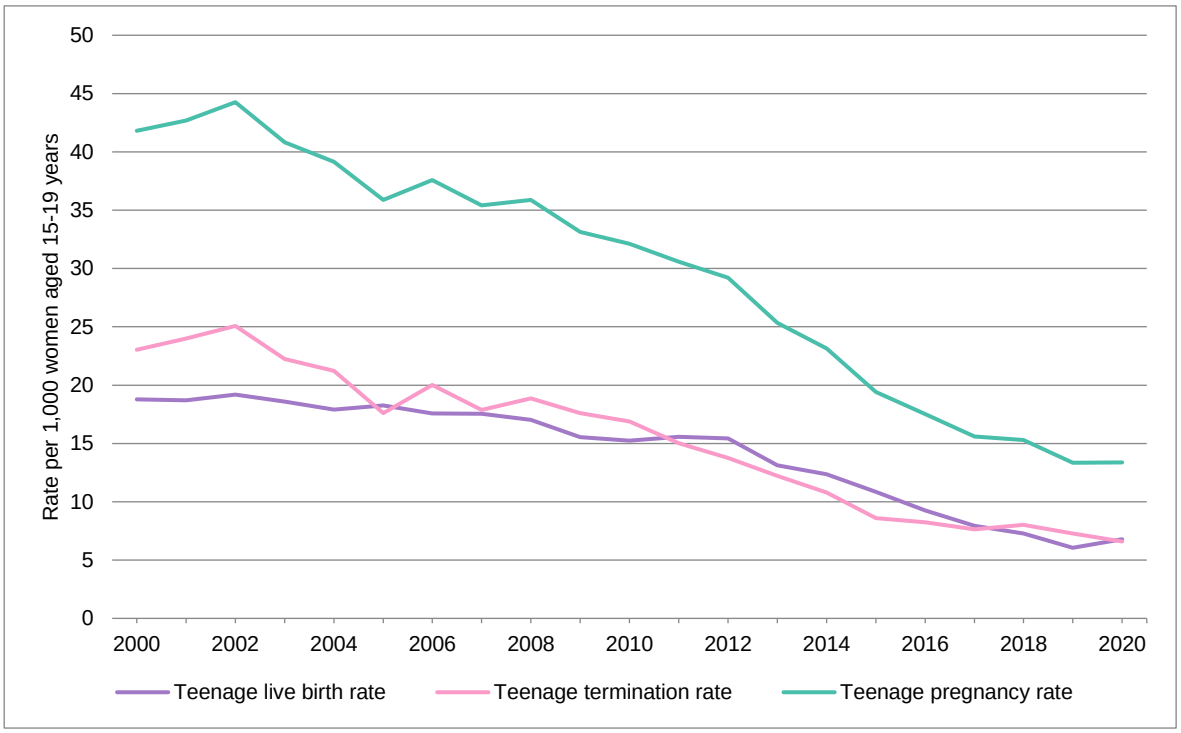
Table 2: Number and rate of pregnancy terminations by age group, South Australia, 2020

Age group	Number	%	Estimated resident female population 2020[1]	Termination rate per 1,000 women
Under 15	7	0.2	-	n/a
15-19	321	6.9	49,755	6.6[2]
20-24	1,097	23.5	55,433	19.8
25-29	1,244	26.7	58,479	21.3
30-34	1,024	22.0	60,028	17.1
35-39	699	15.0	58,563	11.9
40-44	250	5.4	52,828	5.1[3]
45 and over	20	0.4	-	n/a

[1] Australian Bureau of Statistics. Population estimates by age and sex, Regions of South Australia, 2020. Canberra: ABS, 2020 (Catalogue No 3235.0)
[2] includes terminations for women aged under 15
[3] includes terminations for women aged 45 and over

The teenage pregnancy rate (including live births and induced terminations) has been declining steadily since 2008, and in the most recent period has remained consistent with 13.3 per 1,000 women aged 15-19 years in 2019 compared with 13.4 per 1,000 women aged 15-19 years in 2020. (Figure 2). While teenage termination rates decreased in the five year period from 8.6 in 2015 to 6.1 per 1,000 women in 2019, there was a slight increase in 2020 to 6.8 per 1,000 women aged 15-19 years.

Figure 2: Teenage pregnancy, termination and birth rates[1], SA, 2000-2020



[1]Terminations and births to women aged less than 15 years are included in the numerators

Residential region and health service category

The proportion of women residing in the metropolitan Adelaide region who had a termination in a metropolitan hospital (either private or public) was very high at 99.4%. However, only 14.5% of women residing in country South Australia had their termination in a country hospital, with most women travelling to metropolitan areas (Table 3).

Most terminations were conducted in metropolitan public hospitals (95.8%), followed by country hospitals (3.3%) and metropolitan private hospitals (0.9%). The distribution of terminations by health service category has been relatively stable over the past five years.

Table 3: Pregnancy terminations by residential region and health service category, South Australia, 2020

Residential Region	Health Service Category						
	Metro Public		Metro Private		Country		Total
	Number	% of residential region	Number	% of residential region	Number	% of residential region	Number
Metropolitan	3,704	98.4	38	1.0	24	0.6	3,766
Country	753	85.2	3	0.3	128	14.5	884
Unknown	11	91.7	1	8.3	0	0.0	12
Total	**4,468**	**95.8**	**42**	**0.9**	**152**	**3.3**	**4,662**

Of the terminations conducted in a metropolitan public hospital, 72.1% the majority were conducted by the Pregnancy Advisory Centre (n=3,220). A full list of terminations by metropolitan public hospitals is presented below (Table 4).

Table 4: Pregnancy terminations in metropolitan public hospitals, South Australia, 2020

Metropolitan public hospital	Number	% terminations in metropolitan public hospitals	% all terminations
Pregnancy Advisory Centre	3,220	72.1	69.1
Flinders Medical Centre	530	11.9	11.4
Noarlunga Health Service	300	6.7	6.4
Lyell McEwin Hospital	279	6.2	6.0
Women's and Children's Hospital	139	3.1	3.0
Total	**4,468**	**100.0**	**95.8**

Clinicians conducting terminations

General practitioners conducted 58.0% of the terminations in South Australia in 2020, followed by medical practitioners in family advisory clinics (23.0%, Table 5). The overall proportion of terminations conducted by general/medical practitioners is slightly lower than 2019 at 74.3% of all terminations (78.5% in 2019), with the remaining 25.7% of terminations in 2020 being conducted by obstetricians and gynaecologists, including those in training.

Table 5: Pregnancy terminations by category of doctor, South Australia, 2020

Category of doctor conducting termination	Number	%
General practitioner	2,702	58.0
Obstetrician/gynaecologist	1,074	23.0
Medical practitioner in family advisory clinic	762	16.3
Trainee obstetrician/gynaecologist	124	2.7
Total	**4,662**	**100.0**

Reported reason for termination

In 2020, 95.8% of terminations conducted were for the woman's mental health, 3.4% for suspected congenital anomalies and 0.4% for specified medical conditions (Table 6). Of the 160 terminations for congenital anomalies, 86 (53.8%) were for chromosomal anomalies, and the remaining 74 terminations (46.3%) were for other fetal anomalies detected or suspected prenatally (Table 7).

Table 6: Reported reason for termination of pregnancy, South Australia, 2020

Reason	Number	%
Mental health of woman	4,468	95.8
Congenital anomalies	160	3.4
Specified medical condition of woman	19	0.4
Pre-existing psychiatric condition	13	0.3
Other	2	0.0
Total	**4,662**	**100.0**

Table 7: Reported reason for termination for suspected congenital anomalies, South Australia, 2020

Reason for termination	Number	%
Suspected chromosomal anomaly	86	53.8
Suspected other fetal anomaly	74	46.3
Total	**160**	**100.0**

Terminations by gestational age

In 2020, the majority of pregnancy terminations were conducted in the first trimester (93.5%). The proportion conducted in the second trimester was 6.5% (Table 8), lower than the average over the past five years (8.9%).

Table 8: Gestation at termination by trimester and age of women, South Australia, 2020

	First trimester		Second trimester		
Age of women (years)	**Number**	**% of age group**	**Number**	**% of age group**	**Total Number**
Under 15	7	100.0	0	0.0	7
15-19	303	94.4	18	5.6	321
0-24	1,040	94.8	57	5.2	1,097
25-29	1,162	93.4	82	6.6	1,244
30-34	954	93.2	70	6.8	1,024
35-39	638	91.3	61	8.7	699
40 and over	257	95.2	13	4.8	270
Total	**4,361**	**93.5**	**301**	**6.5**	**4,662**

The proportion of terminations conducted at 20 weeks gestation or later was 1.8% (Table 9), consistent with the proportion in 2019 (1.8%). Of the 83 pregnancy terminations conducted at 20 weeks gestation or later, 50 were for congenital anomalies (60.2%) and 27 were for the mental health of the woman (32.5%). Terminations for congenital anomalies are often conducted after 20 weeks gestation as many fetal conditions are detected only in the second trimester.

Table 9: Reported reason for termination of pregnancy by gestation, South Australia, 2020

	Gestation (weeks)						
	<14		14-19		20+		
Reason for termination	**Number**	**% of reason**	**Number**	**% of reason**	**Number**	**% of reason**	**Total Number**
Mental health of woman	4,294	96.1	147	3.3	27	0.6	4,468
Congenital anomalies	49	30.6	61	38.1	50	31.3	160
Specified medical condition of woman	11	57.9	7	36.8	1	5.3	19
Pre-existing psychiatric	5	38.5	3	23.1	5	38.5	13
Other	2	100.0	0	0.0	0	0.0	2
Total	**4,361**	**93.5**	**218**	**4.7**	**83**	**1.8**	**4,662**

Method of pregnancy termination

In 2020 the majority (56.3%) of pregnancy terminations were conducted using Mifepristone and Misoprostol (Table 10). Procedures with Mifepristone as a cervical primer prior to vacuum aspiration or dilatation and curettage were not specifically differentiated. Vacuum aspiration/dilatation and curettage was used in 36.6% of all terminations. The use of Mifepristone and Misoprostol continues to increase in use (47.6% of all terminations in 2019).

Table 10: Method of pregnancy termination, South Australia, 2020

Method for termination	Number	%
Mifepristone +/- Misoprostol	2,627	56.3
Vacuum aspiration / Dilatation and curettage	1,706	36.6
Dilatation and evacuation	308	6.6
Vaginal prostaglandin	11	0.2
Other*	10	0.2
Total	**4,662**	**100.0**

*Other includes hysterectomy and abdominal hysterotomy

For terminations of pregnancy conducted in the first trimester, Mifepristone and Misoprostol was utilised for the majority of cases (58.5%) followed by vacuum aspiration/dilatation and curettage (38.8%, Table 11). For terminations of pregnancy conducted in the second trimester, dilatation and evacuation was utilised for the majority of cases (66.4%).

Table 11: Method of pregnancy termination by trimester, South Australia, 2020

	First trimester		Second trimester		
Method of termination	**Number**	**% first trimester**	**Number**	**% second trimester**	**Total Number**
Mifepristone +/- Misoprostol	2,551	58.5	76	25.2	2,627
Vacuum aspiration / Dilatation and curettage	1,691	38.8	15	5.0	1,706
Dilatation and evacuation	108	2.5	200	66.4	308
Vaginal prostaglandin	3	0.1	8	2.7	11
Other	8	0.2	2	0.7	10
Total	**4,361**	**93.5**	**301**	**6.6**	**4,662**

Complications

There were 185 (4.0%) women who experienced complications related to the termination of pregnancy, which was lower than the proportion in 2019 (5.0%). One hundred and nine (58.9%) of these complications were notified on the data collection form soon after the termination. To improve the ascertainment of complications resulting after the termination, a data linkage was conducted with the South Australian hospital morbidity data (Integrated South Australian Activity Collection), which records hospital admissions. A further 76 with complications (41.1%) were identified through this process.

The most common complication was retained products of conception (156 women), which represented 84.3% of all complications and occurred in 3.3% of all terminations (Table 12). Uterine infection was the second most common complication (12 women), which represented 6.5% of all complications and occurred in 0.3% of all terminations, followed by post-operative haemorrhage which represented 2.2% of all complications in 2020.

Table 12: Complications resulting from termination of pregnancy, South Australia, 2020

Main complication	Number of women with complication	% of all women with complications	% of all women with termination procedures
Retained products of conception	156	84.3	3.3
Uterine infection	12	6.5	0.3
Haemorrhage post-operative	4	2.2	0.1
Bleeding	2	1.1	0.0
Haemorrhage intra-operative	2	1.1	0.0
Perforated/trauma to uterus	1	0.5	0.0
Failed procedure	1	0.5	0.0
Other	7	3.8	0.2
Total	**185**	**100.0**	**4.0**

The two most common termination methods in 2020 were Mifepristone and Misoprostol, and vacuum aspiration/dilatation and curretage. Terminations using these methods resulted in complication rates of 6.2% and 0.9% respectively (Table 13).

Overall, 150 (81.1%) women with complications following an initial procedure progressed to a surgical procedure, including 138 women who had a termination of pregnancy with Mifepristone and Misoprostol as the initial procedure.

Table 13: Method of termination resulting in complication, South Australia, 2020

Method of termination	Number of terminations	Number of complications	Number of subsequent surgical D&C	% of termination method with complication	% of complication method with subsequent D&C
Mifepristone +/- Misoprostol	2,627	164	138	6.2	84.1
Vacuum aspiration / Dilatation and curettage	1,706	15	10	0.9	66.7
Dilatation and evacuation	308	5	2	1.6	40.0
Vaginal prostaglandin	11	1	0	9.1	0.0
Other	10	0	0	0.0	0.0
Total	**4,662**	**185**	**150**	**4.0**	**81.1**

In 2020 there was one failed termination procedure. Of the 164 women with complications reported following induced abortion with Mifepristone and Misoprostol, 145 (88.4%) were due to retained products of conception.

Table 14: Complication type and method of termination procedure, South Australia, 2020

Method of termination	Number of complications	Retained products conception	Uterine infection	Haemorrhage post-operative	Bleeding	Haemorrhage intra-operative	Perforated/ trauma to uterus	Failed procedure	Other
Mifepristone + Misoprostol	164	145	6	4	0	1	1	1	6
Vacuum Aspiration	13	7	5	0	1	0	0	0	0
Dilation-Curretage	2	2	0	0	0	0	0	0	0
Vaginal Prostaglandins	1	0	0	0	0	0	0	0	1
Dilation and Evacuation	5	2	1	0	1	1	0	0	0
Total	**185**	**156**	**12**	**4**	**2**	**2**	**1**	**1**	**7**

Previous pregnancy terminations

Of the 4,662 women who had a termination of pregnancy in 2020, 1,714 (36.8%) had undergone a previous termination (Table 15). The proportion of women who had a previous termination generally increased with age. Table 16 (below) shows the number of previous terminations by age group.

Table 15: Women with previous pregnancy terminations by age, South Australia, 2020

Age (Years)	Number	% of age group	% of all terminations
< 20	30	9.3	0.6
20-24	279	25.4	6.0
25-29	466	37.5	10.0
30-34	452	44.1	9.7
35-39	348	49.8	7.5
40+	139	51.5	3.0
Total	**1,714**	**36.8**	**36.8**

Table 16: Number of previous pregnancy terminations by age of women, South Australia, 2020

Number of previous terminations	Age group								
	< 15	15-19	20-24	25-29	30-34	35-39	40+	Number	%
0	7	291	818	778	572	351	131	2,948	63.2
1	0	29	204	295	249	211	74	1,062	22.8
2	0	1	56	122	119	87	40	425	9.1
3	0	0	15	31	52	25	16	139	3.0
4+	0	0	4	18	32	25	9	88	1.9
Total	**7**	**321**	**1,097**	**1,244**	**1,024**	**699**	**270**	**4,662**	**100.0**

Total Induced Abortion Rates

The total first abortion rate (TFAR) is a method used to estimate the proportion of women who will experience a termination of pregnancy in their reproductive lifetime (see Methods and Terminology). The TFAR for 2020 was 260.5 per 1,000 women aged 15-44 years (Table 17). This suggests that 26.0% of women would have at least one termination of pregnancy in their reproductive lifetime if they experienced the termination of pregnancy rates of the different age groups for 2020.

The total induced abortion rate (TAR) is the sum of pregnancy termination rates for each of the five-year age groups multiplied by five. This can be calculated using the rates in Table 2 and in 2020 was 409.0 per 1,000 women aged 15-44. This represents the number of induced abortions 1,000 women would have during their lifetime if they experienced the induced abortion rates of the different age groups for 2020.

Table 17: Calculation of total first induced abortion rate (TFAR), South Australia, 2020

Age (years)	Number of women who had terminations (A)	Number of women who had previous terminations (B)	Number of women who had first termination (A) - (B)	Estimated resident female population 30 June 2019 [1]	First termination of pregnancy rate per 1,000 women
15-19	328	30	298	49,755	6.0[2]
20-24	1,097	279	818	55,433	14.8
25-29	1,244	466	778	58,479	13.3
30-34	1,024	452	572	60,028	9.5
35-39	699	348	351	58,563	6.0
40+	270	139	131	52,828	2.5[3]
Total	**4,662**	**1714**	**2,948**	**335,086**	**8.8**

[1] Australian Bureau of Statistics. Population estimates by age and sex, Regions of South Australia, 2020. Canberra: ABS, 2020 (Catalogue No 3235.0)

[2] includes terminations for women aged under 15

[3] includes terminations for women aged 45 and over

Methods and Terminology

Termination of pregnancy

The removal or expulsion of a pregnancy from the uterus via surgical or medical intervention, and excludes spontaneous abortions or miscarriages

Pregnancy termination rate

All rates of populations were calculated using the reproductive age range 15 to 44 years. Terminations occurred in women that were younger or older than this age group although in small numbers. These events were added to the numerator for the 15 to 19 years group or the 40 to 44 years group respectively.

Total abortion rate (TAR)

The sum of the five-year age-specific termination of pregnancy rates, multiplied by five. This represents the number of terminations of pregnancy that 1,000 women would have during their reproductive lifetime if they experienced the rates of the year shown

Total first abortion rate (TFAR)

The sum of the five-year age-specific termination of pregnancy rates of women experiencing their first termination, multiplied by five. The total first abortion rate (TFAR) is a method used to estimate the proportion of women who will experience a termination of pregnancy in their reproductive lifetime

Appendix 1 Data Collection Form

CRIMINAL LAW CONSOLIDATION (MEDICAL TERMINATION OF PREGNANCY) REGULATIONS 1996

CERTIFICATE TO BE COMPLETED WHEN AN ABORTION IS PERFORMED UNDER SECTION 82A OF THE CRIMINAL LAW CONSOLIDATION ACT 1935

SCHEDULE 1- Doctor's certificates and notice

A copy of this form must be retained by the doctor who performed the termination for a period of three years commencing on the date of the termination. The original form is to be delivered or posted in a sealed envelope *within 28 days of the termination of the pregnancy* to the Chief Executive, Department of Health (Pregnancy Outcome Unit), P.O. Box 6 Rundle Mall, Adelaide, SA 5000.

The envelope must be clearly marked with the words "STRICTLY CONFIDENTIAL".

PLEASE USE BLOCK LETTERS

PART A-CERTIFICATES

NAME, ADDRESS AND QUALIFICATIONS OF DOCTOR WHO PROPOSES TO TERMINATE PREGNANCY OR, IN THE CASE OF AN EMERGENCY TERMINATION, WHO HAS TERMINATED PREGNANCY

.....

.....

NAME, ADDRESS AND QUALIFICATIONS OF OTHER DOCTOR JOINING IN CERTIFICATE FOR ORDINARY TERMINATION OF PREGNANCY

.....

.....

FULL NAME AND ADDRESS OF PREGNANT WOMAN

.....

.....

PREGNANT WOMAN'S STATED PERIOD OF RESIDENCY IN SOUTH AUSTRALIA BEFORE THE DATE OF THIS CERTIFICATE.....

REASONS FOR UNDERTAKING TERMINATION OF PREGNANCY

.....

.....

DIAGNOSIS (Primary condition *must* be specified).....

.....

CERTIFICATE TO BE COMPLETED BEFORE AN ORDINARY TERMINATION

We certify that in the case of the woman named above (whom we have each personally examined) termination of pregnancy is justified under section 82A(1) *(a)* of the *Criminal Law Consolidation Act 1935* on the following grounds

*1. The continuance of the pregnancy would involve greater risk to the life of the pregnant woman than if the pregnancy were terminated.

*2. The continuance of the pregnancy would involve greater risk of injury to the physical or mental health of the pregnant woman than if the pregnancy were terminated.

*3. There is a substantial risk that, if the pregnancy were not terminated and the child were born, the child would suffer from such physical or mental abnormalities as to be seriously handicapped.

*(*Circle the appropriate number)*

SIGNED.....DATE.....

SIGNED.....DATE.....

CERTIFICATE TO BE COMPLETED FOLLOWING AN EMERGENCY TERMINATION

I certify that in the case of the woman named above (whom I have personally examined) termination of pregnancy was justified under section 82A(1) *(b)* of the *Criminal Law Consolidation Act 1935* on the following grounds:

*4. Termination of the pregnancy was immediately necessary to save the life of the pregnant woman.

*5. Termination of the pregnancy was immediately necessary to prevent grave injury to the physical or mental health of the pregnant woman.

*(*Circle the appropriate number)*

SIGNED.....DATE.....

PART B-NOTICE TO BE COMPLETED FOLLOWING TERMINATION OF A PREGNANCY

The pregnancy to which the above certificate relates was terminated at-

.....

(Name of hospital)

..... on.....

(Address of hospital) *(date of termination)*

SIGNED.....DATE.....

(Doctor who terminated the pregnancy)

INFORMATION RELATING TO THE TERMINATION

(To be completed by the doctor who performed the termination)

1. Date of birth of woman: *(Day, Month, Year)* .....

2. Date of last menstrual period: *(Day, Month, Year)* .....

If unknown, or uncertain, give clinical estimate in completed weeks of gestation when pregnancy terminated

.....

3. Total number of **previous** pregnancies .....
   - Livebirths .....
   - Stillbirths .....
   - Spontaneous miscarriages .....
   - Ectopic pregnancies .....
   - Terminations .....

4. Number of previous terminations in South Australia *(1970 or after)* .....
   Year of last termination in South Australia: .....

5. Date of admission to place of termination of pregnancy: *(Day, Month, Year)* .....

6. Date of termination of pregnancy: *(Day, Month, Year)* .....

7. Date of discharge from place of termination of pregnancy: *(Day, Month, Year)* .....

8. Grounds for termination of pregnancy:
   (a) Medical condition of woman *(specify)* .....
   - Obstetric disease .....
   - Non-obstetric disease .....

   (b) Suspected medical condition of fetus *(specify)*
   - Genetic disorder .....
   - Non-genetic disorder .....

If account has been taken of the woman's actual or reasonably foreseeable environment, indicate reasons:

.....

.....

9. Method of termination: *(circle one)*
   1. Dilatation and curettage
   2. Hysterotomy – abdominal
   3. Hysterotomy – vaginal
   4. Hysterectomy
   5. Vacuum aspiration
   6. Intra-uterine injection
   7. Intravenous infusion
   8. Vaginal or cervical prostaglandin
   9. Dilatation and evacuation
   10. Medical *(specify)* .....
   11. Other *(specify)* .....

10. Was sterilisation of the woman undertaken *(circle one)*
    1. Yes
    2. No

11. Post-operative complications or death prior to the date of this notice: *(circle)*
    1. None
    2. Sepsis
    3. Haemorrhage-intra-operative
    4. Haemorrhage- post-operative
    5. Perforation of or trauma to body of uterus
    6. Anaesthetic complication
    7. Other *(specify)* .....
    8. Maternal death *(specify cause)* .....

.....

12. If readmitted/transferred
Place of transfer .....
Date of readmission/transfer : *(Day, Month, Year)* .....
Date of second discharge: *(Day, Month, Year)* .....
Reason for readmission/transfer .....

OFFICIAL USE ONLY

Residency in South Australia 1. less than specified time.....2. more than specified time.....

Hospital where termination performed ☐☐☐ Date of receipt of notification ☐☐☐☐☐☐

Doctor performing termination ☐☐☐☐☐☐ LGA ☐☐☐☐

Doctor supporting termination ☐☐☐☐☐☐ Postcode ☐☐☐☐

Section of Act ☐

For more information
Pregnancy Outcome Unit
PO Box 388, Rundle Mall. Adelaide SA 5000
Call (08) 7117 9200 or Email WellbeingSAPregnancyStats@sa.gov.au
www.wellbeingsa.sa.gov.au